

FILL OUT THIS SECTION **ONLY** IF YOU WILL BE  
DRIVING A VEHICLE OVER 10,001 LBS.

**CHECKLIST FOR NON-CDL APPLICANTS  
DRIVING A VEHICLE WITH A GVW OR GCVW OF 10,001 LBS  
OR GREATER  
DRIVER QUALIFICATION FOLDERS**

LOCATION \_\_\_\_\_  
NAME OF DRIVER \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

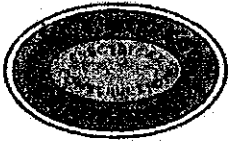
SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
INSTRUCTIONS: Please check the following items to make sure the documents in the file have been properly completed and signed by the employee, and that the expiration dates are current and you have copies of license and medical card. After completion, fax to 303-227-4830

	EXPIRATION DATE	YES	NO
1. DATE OF HIRE _____			
2. DRIVER'S LICENSE CLASS, NUMBER, EXPIRATION AND WHICH STATE ISSUED THE LICENSE _____ Copy of license in file _____			
3. APPLICATION FOR EMPLOYMENT - NEW EMPLOYEE INFORMATION FORM REQUIRED FOR CDL & NON CDL DRIVERS. MAKE SURE THE INFORMATION IS COMPLETE, NO GAPS IN DATES OF PREVIOUS EMPLOYMENT (form _____)			
4. REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS ON ALCOHOL & CONTROLLED SUBSTANCE TESTING & EMPLOYMENT HISTORY (CROSS OUT ALCOHOL PART, AS WE CAN'T ASK NON-CDL DRIVERS THAT TYPE OF INFORMATION)			
5. DRIVER'S PHYSICAL EXAM (NORMALLY VALID FOR TWO YEARS) NOT AN MYR FORM NUMBER. A copy of the card is required REQUIRED FOR INTERSTATE, IF INTRASTATE DEPENDS ON STATE LOCATED IN _____			
6. RECORD AND CERTIFICATE OF ROAD TEST AND CARD			
7. REQUEST FOR CHECK OF DRIVING RECORD			
8. DATE MVR RAN _____			

**DRUG AND ALCOHOL DFWP**

1. PRE-EMPLOYMENT DRUG TEST	_____	_____
2. EMPLOYER COPY OF CHAIN OF CUSTODY FORM IN FILE	_____	_____
3. DFWP ACKNOWLEDGEMENT OF RECEIPT OF POLICY AND CONSENT TO TESTING	_____	_____

\_\_\_\_\_  
SIGNATURE OF PERSON PREPARING FILE DATE



## Request/Consent For Information From Previous Employer(s) On Alcohol & Controlled Substances Testing & Employment History

### SECTION 1. TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I hereby authorize you to release the following information to The L.E. Myers Co. for the purpose of investigation as required by Sections 391.23, §40.25 (g) and §382.405 (f) and (h) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Social Security Number \_\_\_\_\_

(Print Name) First, M.I., Last \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Name and Address of Previous Employer:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

### SECTION 2. TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here, sign below and return. ☐

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Under Department of Transportation testing requirements for the past three years;

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has the person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results?)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did a previous DOT-regulated employer report a drug and alcohol rule violation to you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above questions, please provide name, address, and phone number of the Substance Abuse Professional.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### SECTION 3. REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

- Employed from: \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_
- Did he/she drive motor vehicle for you?  
Bus? \_\_\_\_\_ Straight Truck \_\_\_\_\_  
Other (Specify) \_\_\_\_\_
- Was he/she a safe and efficient driver? \_\_\_\_\_
- Reason for leaving your employ: Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay Off \_\_\_\_\_ Military Duty \_\_\_\_\_
- Was his/her general conduct satisfactory? \_\_\_\_\_
- Please advise history of past driving record if available for past three years \_\_\_\_\_

7. Did he/she have any accidents that occurred in the three-year period preceding the date of the employment application involving a vehicle over 10,000 lbs. which resulted in:

- a fatality \_\_\_\_\_
- Bodily injury to a person, who immediately had to receive medical treatment away from the scene of the accident \_\_\_\_\_
- One or more motor vehicles were required to be towed away from the scene of the accident \_\_\_\_\_

Preparer's

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

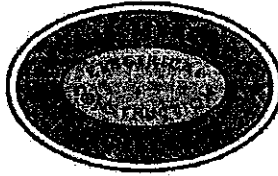
Telephone No.: \_\_\_\_\_

401 Chestnet St. Ste. #120  
Chattanooga, TN 37402

RETURN

Document No. DOT00310.06

Rev. 10-12-06



## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to The L.E. Myers Co. for purposes of investigation as required  
(Prospective Employer)  
by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from  
furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Date

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the request report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
Date

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_.  
As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the  
applicant's driving record for the past three years.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

The L.E. Myers Co.

(Name of Company)  
401 Chestnut St.

(Address)

Chattanooga, TN 37402

(City)

(State)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

RETURN

Document No. DOT00410.06

Rev. 10-12-06

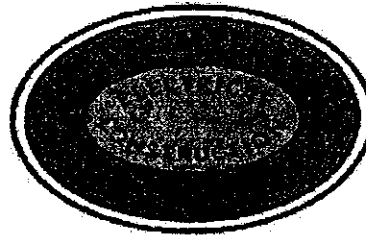
### CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Operator's or Chauffeur's License No. \_\_\_\_\_  
State \_\_\_\_\_  
Type of Power Unit \_\_\_\_\_  
Type of Trailer(s) \_\_\_\_\_  
If Passenger Carrier, Type of Bus \_\_\_\_\_  
This is to Certify that the above-named driver was given a road test under my  
supervision on \_\_\_\_\_  
20 \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving. It is my  
considered opinion that this driver possesses sufficient driving skill to operate safely  
the type of commercial motor vehicle listed above.

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization and address of examiner



### DRIVER QUALIFICATION & IDENTIFICATION CERTIFICATE

\_\_\_\_\_  
(Name of Driver)

\_\_\_\_\_  
(SSN)

\_\_\_\_\_  
(Signature of Driver)

I certify that the above named driver, as defined in Sec. 390.5 is regularly driving a commercial  
motor vehicle operated by the below named carrier and is fully qualified under Part 391, Federal  
Motor Carrier Safety Regulations. His/her current medical examiner's certificate expires on

\_\_\_\_\_  
(Date)

This certificate expires:

(DATE NOT LATER THAN EXPIRATION DATE OF MEDICAL CERTIFICATE)

Issued by \_\_\_\_\_

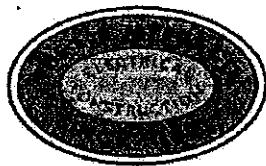
\_\_\_\_\_  
(Name of Carrier)

Issued on \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature)



## RECORD OF ROAD TEST

Driver's Name _____	Address _____
License No. _____ State _____	Equipment Driven: Truck _____ Tractor _____ Trailer _____
Checked From _____ To _____	Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items under Remarks.

### PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit \_\_\_\_\_  
Looks for leakage of coolants, fuel, lubricants \_\_\_\_\_  
Checks under hood - oil, water, general condition \_\_\_\_\_  
of engine compartment, steering \_\_\_\_\_  
Checks around unit - tires, lights, trailer hookup, brake \_\_\_\_\_  
and light lines, body, doors, horn, windshield wipers \_\_\_\_\_  
Tests brake action, tractor protection valve, and parking \_\_\_\_\_  
(hand) brake \_\_\_\_\_  
Checks horn, windshield wipers, mirrors, emergency \_\_\_\_\_  
equipment; reflectors, flares, fuses, tire chains (if \_\_\_\_\_  
necessary), fire extinguisher \_\_\_\_\_  
Checks instruments for normal readings \_\_\_\_\_  
Checks dashboard warning lights for proper functioning \_\_\_\_\_  
Cleans windshield, windows, mirrors, lights, reflectors \_\_\_\_\_  
Reviews and signs previous reports \_\_\_\_\_

### PART 2 - COUPLING AND UNCOUPLING

Lines up units \_\_\_\_\_  
Connects glad hands to trailer to apply trailer brakes \_\_\_\_\_  
before coupling \_\_\_\_\_  
Connects glad hands and light line properly \_\_\_\_\_  
Couples without difficulty \_\_\_\_\_  
Raises landing gear fully after coupling \_\_\_\_\_  
Visually checks king pin assembly to be certain of proper \_\_\_\_\_  
coupling \_\_\_\_\_  
Checks coupling by applying hand valve or tractor- \_\_\_\_\_  
protection valve (trailer air supply valve) and gently \_\_\_\_\_  
applying pressure by trying to pull away from trailer \_\_\_\_\_  
Assure that surface will support trailer before uncoupling \_\_\_\_\_

### PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

#### A. ENGINE

Places transmission in neutral before starting engine \_\_\_\_\_  
Starts engine without difficulty \_\_\_\_\_  
Allows proper warm-up \_\_\_\_\_  
Understands gauges on instrument panel \_\_\_\_\_  
Maintains proper engine speed (rpm) while driving \_\_\_\_\_  
Does not abuse motor \_\_\_\_\_

### PART 5 - SLOWING AND STOPPING

Uses gears properly ascending \_\_\_\_\_  
\_\_\_\_\_  
Gears down properly descending \_\_\_\_\_  
Stops and restarts without rolling back \_\_\_\_\_  
Tests brakes before descending grades \_\_\_\_\_  
Uses mirrors to check traffic to rear \_\_\_\_\_  
Signals following traffic \_\_\_\_\_  
Avoids sudden stops \_\_\_\_\_  
Stops smoothly without excessive fanning \_\_\_\_\_  
Stops before crossing sidewalk when coming out of \_\_\_\_\_  
driveway or alley \_\_\_\_\_  
Stops clear of pedestrian crosswalks \_\_\_\_\_

### PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

#### A. TURNING

Signals intention to turn well in advance \_\_\_\_\_  
Gets into proper lane well in advance of turn \_\_\_\_\_  
Checks traffic conditions and turns only when \_\_\_\_\_  
intersection is clear \_\_\_\_\_

### B. CLUTCH AND TRANSMISSION

Starts loaded unit smoothly \_\_\_\_\_  
Uses clutch properly \_\_\_\_\_  
Times gearshifts properly \_\_\_\_\_  
Shifts gears smoothly \_\_\_\_\_  
Uses proper gear sequence \_\_\_\_\_

### C. BRAKES

Knows proper use of tractor protection valve \_\_\_\_\_  
Understands low air warning \_\_\_\_\_  
Tests service brakes \_\_\_\_\_  
Builds full air pressure before moving \_\_\_\_\_

### D. STEERING

Controls steering wheel \_\_\_\_\_  
Good driving posture and good grip on wheel \_\_\_\_\_

### E. LIGHTS

Knows lighting regulations \_\_\_\_\_  
Uses proper headlight beam \_\_\_\_\_  
Dim lights when meeting or following other traffic \_\_\_\_\_  
Adjust speed to range of headlights \_\_\_\_\_  
Proper use of auxiliary lights \_\_\_\_\_

### PART 4 - BACKING AND PARKING

#### A. BACKING

Gets out and checks before backing \_\_\_\_\_  
Looks back as well as uses mirror \_\_\_\_\_  
Gets out and rechecks conditions on long back \_\_\_\_\_  
Avoids backing from blind side \_\_\_\_\_  
Signals when backing \_\_\_\_\_  
Controls speed and direction properly while backing \_\_\_\_\_

### F. SPEED

Speed consistent with basic ability \_\_\_\_\_  
Adjusts speed properly to road, weather, traffic \_\_\_\_\_  
conditions, legal limits \_\_\_\_\_  
Slows down for rough roads \_\_\_\_\_  
Slows down in advance of curves, intersections, etc. \_\_\_\_\_  
Maintains consistent speed \_\_\_\_\_

### G. COURTESY AND SAFETY

Uses defensive driving techniques \_\_\_\_\_  
Yields right-of-way for safety \_\_\_\_\_  
Goes ahead when given right-of-way by others \_\_\_\_\_  
Does not crowd other drivers or force way through traffic \_\_\_\_\_  
Allows faster traffic to pass \_\_\_\_\_  
Keeps right and in own lane \_\_\_\_\_  
Uses horn only when necessary \_\_\_\_\_  
Generally courteous and uses proper conduct \_\_\_\_\_

### PART 7 - MISCELLANEOUS

Restricts traffic from passing on right when preparing to complete right hand turn  
Completes turn promptly and safely and does not impede other traffic

**B. TRAFFIC SIGNS AND SIGNALS**

Approaches signal prepared to stop if necessary  
Obeys traffic signal  
Uses good judgment on yellow light  
Starts smoothly on green  
Notifies and heeds traffic signs  
Obeys "Stop" signs

**C. INTERSECTIONS**

Adjusts speed to permit stopping if necessary  
Checks for cross traffic regardless of traffic controls  
Yields right-of-way for safety

**D. GRADE CROSSINGS**

Adjusts speed to conditions  
Makes safe stop, if required  
Selects proper gear and does not shift gears while crossing  
Knows and understands federal and state rules governing grade crossing

**E. PASSING**

Passes with sufficient clear space ahead  
Does not pass in unsafe location: hill, curve, intersection  
Signals change of lanes  
Warns driver being passed  
Pulls out and back with certainty  
Does not tailgate  
Does not block traffic with slow pass  
Allows enough room when returning to right lane

**A. GENERAL DRIVING ABILITY AND HABITS**

Consistently alert and attentive  
Adjusts driving to meet changing conditions  
Performs routing functions without taking eyes from road  
Checks instruments regularly while driving  
Willing to take instructions and suggestions  
Adequate self-confidence in driving  
Is not easily angered  
Positive attitude  
Good personal appearance, manner, cleanliness  
Good physical stamina

**B. HANDLING OF FREIGHT**

Checks freight properly  
Handles and loads freight properly  
Handles bills properly  
Breaks down load as required

**C. RULES AND REGULATIONS**

Knowledge of company rules  
Knowledge of regulations: federal, state, local  
Knowledge of special truck route

**D. USE OF SPECIAL EQUIPMENT (Specify)**

REMARKS:

GENERAL PERFORMANCE: Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_  
QUALIFIED FOR: Truck \_\_\_\_\_ Tractor-Semi trailer \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

\_\_\_\_\_  
Signature of Examiner

**CERTIFICATION OF ROAD TEST**

**Instructions to Carrier:** If the road test is successfully completed, the person who gave it must complete the following certification in duplicate.

The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

Driver's Name \_\_\_\_\_ Type of Power Unit \_\_\_\_\_

Social Security No. \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_

Operator's or Chauffeur's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ If Passenger Carrier, Type of Bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ 20\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_ Address of examiner \_\_\_\_\_